

TAU BETA PI NATIONAL CONVENTION



ROUTING NUMBER

YOUR ACCOUNT NUMBER

3011791061 133340073

IMPORTANT NUMBERS

Social Security No. _____

Savings Account No. _____

Credit Card No. _____

KSU FEDERAL CREDIT UNION

RECEIPT FOR ACCOUNT 13334-00

#R82540064 X622 02

09/11/98 16:45

TC TRANSACTION		PRINC AMT	INTEREST	INSUR CHGS/FEES	TRANS AMT	NEW BALANCE
DD CHECKING DEPOSIT	-FREE-				200.00	5,124.85
CHECKS 200.00						

TAU BETA PI NATL CONVENTION
261 RATHBONE HALL
MANHATTAN, KS 66506-5204

BALANCE (S)-SHARE- 25.26
73-FREE- 5,124.85

WE APPRECIATE YOUR BUSINESS... X _____

KSU FEDERAL CREDIT UNION

#880760036 X602 01

RECEIPT FOR ACCOUNT 13334-00

03/17/98 16:13

TC TRANSACTION		PRINC AMT	INTEREST	INSUR CHGS/FEES	TRANS AMT	NEW BALANCE
SD SHARE DEPOSIT	-SHARE-				25.00	25.00
DD CHECKING DEPOSIT	-FREE-				975.00	975.00
CHECKS 1000.00						

TAU BETA PI NATL CONVENTION
261 RATHBONE HALL
MANHATTAN, KS 66506-5204

BALANCE (S)-SHARE- 25.00
73-FREE- 975.00

WE APPRECIATE YOUR BUSINESS... X _____

MEMBER ACCOUNT AGREEMENT

KANSAS STATE UNIVERSITY FEDERAL CREDIT UNION
MANHATTAN KS 66502

OWNERSHIP OF ACCOUNT: The ownership specified on this agreement will remain the same for all accounts listed below.

INDIVIDUAL TRUST - SEPARATE AGREEMENT DATED:

JOINT - WITH SURVIVORSHIP (and not as tenants in common) JOINT - NO SURVIVORSHIP (as tenants in common)

Club

REVOCABLE TRUST OR PAY-ON-DEATH DESIGNATION AS DEFINED IN THE ACCOUNT TERMS AND CONDITIONS. Name and Address of Beneficiaries:

DATE OPENED 3-17-98 OPENED BY KR

INITIAL AMOUNT \$ 25.00 FORM: CASH CHECK

Form of Identification: TAX ID Form

Name and address of someone who will always know your location: _____

All New Accounts will be verified through: _____

I qualify for membership in this Credit Union because KSU Club

ADDITIONAL INFORMATION:

CHECKING/SHARE DRAFT MONEY MARKET _____

TYPE OF ACCOUNT SAVINGS/SHARE SAVINGS _____
00 _____

By signing below the undersigned agree to the by-laws of this Credit Union and applicable account terms and conditions, as amended from time to time, to pay any membership or entrance fee, and authorize the Credit Union to verify credit and employment history by any necessary means, including presentation of a credit report by a credit reporting agency. The undersigned certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

Funds Availability Electronic Fund Transfers Truth in Savings

ACCOUNT OWNER NAME & ADDRESS Member No./Account No. 13334

Tau Beta Pi - Natl. Convention
RA 261 - KSU
manhattan, KS 66506-5204

(1): Eddie R. Fowler EDDIE R. FOWLER

(2): Danna Jean Lethbridge DANNA JEAN LETHBRIDGE

(3):

(4):

NUMBER OF SIGNATURES REQUIRED FOR WITHDRAWAL 2 This is a Temporary account agreement.

AGENTS - THE INDIVIDUAL SIGNING ABOVE ON LINE(S) IS SIGNING AS:

Power of Attorney - agreement on file A Successor Custodian of a UTMA/UGMA account Parent/Guardian
 Authorized Signer _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 23-7316357

TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

NONRESIDENT ALIENS - I am not a United States person, or if I am an individual, I am neither a citizen nor a resident of the United States.

SIGNATURE - I certify under penalties of perjury the statements checked in this section.

x Eddie R. Fowler 3/1/98
(Date)

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REVOCABLE TRUST OR PAY-ON-DEATH DESIGNATION AS DEFINED IN THE ACCOUNT TERMS AND CONDITIONS. Name and Address of Beneficiaries:

DATE OPENED 3-17-98 OPENED BY KR

INITIAL AMOUNT \$ 975.00 FORM: CASH Check

Form of Identification: TAX ID # Form

Name and address of someone who will always know your location:

All New Accounts will be verified through:

I qualify for membership in this Credit Union because KSU Club

ADDITIONAL INFORMATION:

CHECKING/SHARE DRAFT MONEY MARKET

TYPE OF ACCOUNT 93 SAVINGS/SHARE SAVINGS

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Tau Beta Pi - Nati. Convention
RA 261 - KSU
Manhattan, KS 66506-5204

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SIGNATURE - I certify under penalties of perjury the statements checked in this section.

Eddie R. Fowler 3/2/98
(Date)



9:21a.m. Fri

2-2108

13 Mar 98

Don Rathbone - Nominating me.

~~make appt with Dave for yearly evaluation.~~

Call Tom Roberts about COY

776-3003 Kristen Radtke (KSU Fed. Credit Union) 3/16/98
djl Q011@ksu.edu #133340073

Dr. Fowler,

I showed up at
2:30... guess our communication
didn't work. I will get a
hold of you Monday I
guess.

Danne Raytheon

Move \$50 from KS-G
Checking account to Nat.
Cow. checking acct. When
the \$50 arrives the Nat
Cow. acct. will have to have a \$50
check written to reimburse the
KS-G acct.

(TIN for TBP Assoc.)

23-731-6359

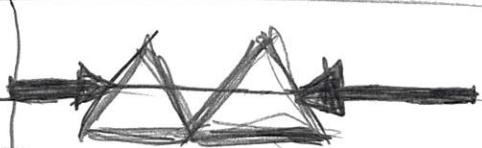
2-2108 8:59 a.m., Mon

Dear Rathbone - Tues morning

Maureen

2-5441

Mac@ksu.edu



)

Sara Knapp, Dean Roberts

~~2-5592~~

Call her to make an
TBP/COY Banquet appt.